

## IN THE UNITED STATES PATENT AND TRADETER OFFICE REQUEST FOR FILING NATIONAL PATENT APPLICATION

Under 35 USC 111(a) and Rule 53(b)

WITH SIGNED DECLARATION

**PATENT APPLICATION** 

Commissioner of Patents ngton, D.C. 20231

**NONPROVISIONAL NON REISSUE** NON PCT NAT PHASE

| Sir:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                               |           | s                |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------|-----------|------------------|--|--|--|--|
| Herewith is the PATENT AF Inventor(s): STAHLE et al.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>PLICATION</u> of                                   |                               |           | 09/8             |  |  |  |  |
| Title RECEIVER AND ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | THOD OF RECEIVING A DE                                | SIRED                         |           | , , <u> </u>     |  |  |  |  |
| SIGNAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | Atty. Dkt.:                   | PM 270705 | T297071US/Br/lht |  |  |  |  |
| including:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       | Date: May 24, 2000            | )         | ı                |  |  |  |  |
| 1. Specification:18 pages (only spec. and claims) 2 Specification in non-English language  3. Declaration Original Facsimile/Copy Abstract 1 _ page(s); 18 _ numbered claims  4 Drawings: 6 _ sheet(s) informal; formal of size: A4 11"  5 See top first page re prior Provisional, National or International application(s). ("X" box only if info is there and do not complete corresponding item 5 or 6). (Prior M# SN)  6 AMEND the specification please by inserting before the first line: — This is a Continuation-in-Part |                                                       |                               |           |                  |  |  |  |  |
| by Assignment recorded Reel Frame                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                               |           |                  |  |  |  |  |
| <del></del> ' '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | imed under 35 USC 119(a)-(d                           | )/365(b) based on filing in _ | <u> </u>  |                  |  |  |  |  |
| 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | olication No. Filing Date Application No. Filing Date |                               |           |                  |  |  |  |  |
| Application No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Filing Date                                           | Application No.               | Filing    | ) Date           |  |  |  |  |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | (2)                           |           | <del></del>      |  |  |  |  |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | (6)                           | ···       |                  |  |  |  |  |
| (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | (8)                           |           |                  |  |  |  |  |
| (9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | (10)                          |           |                  |  |  |  |  |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ied copy (copies):                                    |                               | I (date)  | <u> </u>         |  |  |  |  |
| <del></del> ' '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ication No. /                                         | filed on                      |           |                  |  |  |  |  |

| 13. Attached:                                                                                                                                                      | (No.) Verified S                                                            | Statement/s) est                                                          | ahtichina "emall e                                                    | ntity" status under Ri                                   | ulac Q & 27                             |                                         |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|-----------------------------------------|--|--|--|
| 14. DOMESTIC/INTERNATIO                                                                                                                                            | - '                                                                         | • •                                                                       | -                                                                     | · ·                                                      |                                         | ional                                   |  |  |  |
| nonprovisional and/or PC1                                                                                                                                          |                                                                             |                                                                           | 000 110(0)/120/                                                       | ooo(o) basea on the                                      | ionowing provid                         | ioriai,                                 |  |  |  |
| Application No.                                                                                                                                                    | Filing Date                                                                 | - · · · · · · · · · · · · · · · · · · ·                                   | Application No. Fill                                                  |                                                          | Filing Date                             | ng Date                                 |  |  |  |
| (1)                                                                                                                                                                |                                                                             |                                                                           | (4)                                                                   |                                                          | <u> </u>                                |                                         |  |  |  |
| (2)                                                                                                                                                                |                                                                             |                                                                           | (5)                                                                   |                                                          |                                         |                                         |  |  |  |
| (3)                                                                                                                                                                |                                                                             | · • · · · · · · · · · · · · · · · · · ·                                   | (6)                                                                   |                                                          |                                         |                                         |  |  |  |
| (0)                                                                                                                                                                |                                                                             | ·                                                                         |                                                                       |                                                          |                                         |                                         |  |  |  |
| <ul> <li>15.  This application is being named in the prior application</li> <li>16.  Attached:</li> <li>17.  Preliminary Amendme</li> </ul>                        |                                                                             | le 53(b)(2) since                                                         | an inventor is na                                                     | med in the enclosed                                      | Declaration wh                          | o was not                               |  |  |  |
| THE FOLLOW!                                                                                                                                                        | ING FILING FEE                                                              | IS BASED ON (                                                             | CLAIMS AS FILE                                                        | ED LESS ANY ABOV                                         |                                         | _                                       |  |  |  |
| # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                            |                                                                             |                                                                           |                                                                       | Large/Small Entir                                        | ty                                      | Fee                                     |  |  |  |
| 18. Basic Filing Fee                                                                                                                                               |                                                                             |                                                                           |                                                                       | #C00/#345                                                | 0600                                    | Code                                    |  |  |  |
| 19. Total Effective Claims                                                                                                                                         | 18                                                                          | minus 20 =                                                                | *0                                                                    | \$690/\$345<br>x \$18/\$9 =                              | \$690<br>+ 0                            | 101/201                                 |  |  |  |
| * F                                                                                                                                                                | 2                                                                           | <del></del>                                                               | *0                                                                    | x \$78/\$39 =                                            | +0                                      | 102/202                                 |  |  |  |
| 20. Independent Claims 2 minus 3 = *0 x \$78/\$39 = +0 102/202                                                                                                     |                                                                             |                                                                           |                                                                       |                                                          |                                         |                                         |  |  |  |
| 1321 If any proper multiple den                                                                                                                                    | endent claim (igno                                                          | ore improper) is                                                          |                                                                       | + \$260/\$130                                            | +0                                      | 104/204                                 |  |  |  |
| 121. If any proper multiple dependent claim (ignore improper) is present, add + \$260/\$130 (Leave this line blank if this is a reissue application)               |                                                                             |                                                                           |                                                                       |                                                          |                                         |                                         |  |  |  |
| TOTAL FILING FEE ENCLOSED = \$690                                                                                                                                  |                                                                             |                                                                           |                                                                       |                                                          |                                         |                                         |  |  |  |
| 23. If "non-English" box 2 is X'd, add Rule 17(k) processing fee + \$130                                                                                           |                                                                             |                                                                           |                                                                       |                                                          |                                         | 139                                     |  |  |  |
| \$\frac{1}{2}24. If "assignment" box 8 is X'd, add recording fee + \$40                                                                                            |                                                                             |                                                                           |                                                                       |                                                          |                                         | 581                                     |  |  |  |
| 25. Attached is a Petition/Fee under Rule No. + \$130                                                                                                              |                                                                             |                                                                           |                                                                       |                                                          |                                         | 122                                     |  |  |  |
| 26. TOTAL FEE ENCLOSED =                                                                                                                                           |                                                                             |                                                                           |                                                                       |                                                          |                                         |                                         |  |  |  |
| Our Deposit Account Our Order No. 602                                                                                                                              |                                                                             | 270705<br>M#                                                              |                                                                       |                                                          |                                         |                                         |  |  |  |
| CHARGE STATEMENT: The Cornal asserted to be filed, or which should insufficient fee only) now or hereafte Account/Order Nos. shown above for This CHARGE STATEMENT | have been filed herew<br>or relative to this appli<br>r which purpose a dur | vith or concerning ar<br>ication and the resul-<br>plicate copy of this s | y paper filed hereafte<br>ting Official document<br>heet is attached. | er, and which may be requ<br>nt under Rule 20, or credit | ired under Rules 16<br>any overpayment, | 6-18 ( <u>missing or</u><br>to our      |  |  |  |
|                                                                                                                                                                    |                                                                             |                                                                           |                                                                       |                                                          |                                         |                                         |  |  |  |
|                                                                                                                                                                    | In                                                                          | illsbury Madiso<br>itellectual Prop                                       | erty Group                                                            |                                                          |                                         |                                         |  |  |  |
| 1100 New York Avenue, NW<br>Ninth Floor                                                                                                                            | 1100 New York Avenue, NW  By Atty: Jay M. Finkelstein  Reg. No.             |                                                                           |                                                                       |                                                          |                                         |                                         |  |  |  |
| Washington, DC 20005-3918 Tel: (202) 861-3000 JMF/JRH NOTE: File in duplicate with 2 post card receipts (PAT-103) & attachments                                    |                                                                             |                                                                           |                                                                       |                                                          |                                         | Fax: (202) 822-0944 Tel: (202) 861-3623 |  |  |  |

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